



COUNTY OF SAN DIEGO
DEPARTMENT OF PLANNING AND LAND USE: Zoning
SPECIFIC PLAN AMENDMENT APPLICATION

Please review SP/SPA coversheet for Electronic Submittal requirements:

THIS APPLICATION IS TO AMEND:

SPECIFIC PLAN _____

AS APPROVED/ADOPTED _____

THIS SPECIFIC PLAN IS KNOWN AS: _____

PART A – APPLICANT

Name _____ Telephone _____

Firm _____

Mailing Address _____

PART B – PROPERTY OWNER

Name (Firm, Individual or Corporation) _____

Mailing Address _____

Telephone _____

PART C – BRIEF DESCRIPTION OF REQUEST CHANGE:

FOR DEPARTMENT USE ONLY

APPLICATION NO. (SP-A) _____ DEPOSIT PAID _____

EIR FEES PAID _____ WORK AUTHORIZATION NO. _____

ACCEPTED BY: _____ ACCEPTANCE DATE _____



PART D – APPLICANT’S AGENTS

Name _____ Telephone _____

Firm _____ Function _____

Mailing Address _____

Name _____ Telephone _____

Firm _____ Function _____

Mailing Address _____

Name _____ Telephone _____

Firm _____ Function _____

Mailing Address _____

PART E – GENERAL INFORMATION

School District(s) _____

Sanitation/Sewer District _____

Water District _____

Fire District _____

Thomas Bros. Map Page # and Coordinate _____

PART F – APPLICATION TO INCLUDE:

1. Written justification for the requested amendment including a revised Specific Plan Text (if appropriate).
2. Revised Specific Plan Map. Thirty (30) blue line copies if proposed amendment includes “redesign”.
3. A list of the property owners if in other than single ownership.
4. A list of all property owners and addresses within 300 feet of the Specific Plan project site.

Applicant’s Signature

Date